

2006 SURVEY PRELIMINARY FORM**(MUST RETURN BY AUGUST 14, 2007)**

← **Is This Information Correct?** ☐ YES ☐ NO (If no, make changes below)

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone/Email: _____

Is your company, firm, or establishment listed on the label of a chemically formulated product used by household, business, commercial, and/or institutional consumers?

Check (✓) one

☐ YES

☐ NO

YES

NO

You are a Responsible Party

Read the attached **2006 Survey Category List**

Do any of your products fall into at least one of the categories listed?

Check (✓) one

☐ YES

☐ NO

YES

NO

Was your product sold or supplied for use in California in 2006?

Check (✓) one

☐ YES

☐ NO

YES

NO

You are required to submit this FORM and FORMs (1-4).

Visit ARB's website (below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD.

☐ Check (✓) to request CD

Sign right →

You are not a Responsible Party

Do you hold the ingredient information (or are you a formulator) for a product that was sold or supplied for use in California in 2006?

Check (✓) one

☐ YES

☐ NO

YES

NO

Complete FORM 4(s) when requested by a Responsible Party.

Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party.

Sign below.

**AUTHORIZED
SIGNATURE/DATE** _____

By **August 14, 2007**, return this FORM to ARB via fax **(916) 327-5621** or fold this page as indicated on back and mail to the address shown.

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Postage
required

California Air Resources Board
P.O. Box 2815
Sacramento, CA 95812
Attn: SSD, Measures Development Section, 2006 Survey

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